

**DBPR ABT-6029 – Division of Alcoholic Beverages and Tobacco Application for Extension of
Licensed Premises or Amended Sketch of Licensed Premises**

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation or your local district office. Please submit your completed application to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's page of the DBPR web site at the link provided below.

http://www.myflorida.com/dbpr/abt/district_offices/licensing.html

SECTION 1 - CHECK TRANSACTION REQUESTED

Transaction Type:

- ☐ Temporary Extension
☐ Permanent Extension

☐ Amended Sketch

SECTION 2 - LICENSE INFORMATION

Full Name of Applicant

Trade Name (D/B/A)

Location Address (Street)

City	County	State FL	Zip Code
Beverage License Number	Series 1APS	Type	
Contact Person	Business Phone Number	Home/Mobile Phone Number	

FOR TEMPORARY EXTENSIONS ONLY:

Date(s) of Extension: _____

SECTION 3 - ZONING APPROVAL

TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION
(This section only applies to a permanent or temporary extension of licensed premises)

Trade Name (D/B/A)

Are there outside areas which are contiguous to the premises which are to be part of the premises sought to be licensed?" ☐ Yes ☐ No

The above extension of the licensed premises as shown in the sketch ☐ does comply or ☐ does not comply with zoning requirements for the sale of alcoholic beverages pursuant to this application.

Signed: _____ Title: _____ Date: _____

SECTION 4 - AFFIDAVIT OF APPLICANT NOTARIZATION REQUIRED	
Trade Name (D/B/A) _____	
<p>"I, the undersigned individually, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I hereby swear or affirm that the attached sketch is a true and correct representation of the extended licensed premises and agree that the place of business may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers for the purposes of determining compliance with the beverage and cigarette laws."</p> <p>I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45 and 837.06, Florida Statutes, that the foregoing information is true and correct."</p> <p>If applying for a temporary extension, check the box to confirm the following statement: <input type="checkbox"/> "I understand that the premises must be restored to its original form at the conclusion of the authorized temporary event."</p> <p>STATE OF _____</p> <p>COUNTY OF _____</p> <p style="text-align: right;">APPLICANT SIGNATURE _____</p> <p>The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day of _____, 20____, By _____ who is () personally known to me OR () who produced _____ as identification.</p> <p>_____ Notary Public</p> <p style="text-align: right;">Commission Expires: _____</p>	

"I, the undersigned individually, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application and, as such, I hereby swear or affirm that the attached sketch is a true and correct representation of the extended licensed premises and agree that the place of business may be inspected and searched during business hours or at any time business is being conducted on the premises without a search warrant by officers of the Division of Alcoholic Beverages and Tobacco, the sheriff, his deputies, and police officers for the purposes of determining compliance with the beverage and cigarette laws."

If applying for a temporary extension, check the box to confirm the following statement:
☐ "I understand that the premises must be restored to its original form at the conclusion of the authorized temporary event."

COUNTY OF _____

APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____Day
of _____, 20_____, By _____ who is () personally known
to me OR () who produced _____ as identification.

Notary Public _____ Commission Expires: _____

SECTION 5 – DESCRIPTION OF PREMISES TO BE LICENSED
AB&T AUTHORIZED SIGNATURE REQUIRED

Sketches should be drawn in ink and include all walls, doors, counters, sales areas, storage areas, restrooms, bar locations and any other specific areas which are part of the premises sought to be licensed. A multi-story building where the entire building is to be licensed must show each floor.

Trade Name (D/B/A) _____

Receipt Number _____ Date of Receipt _____

Extension Fee _____ Date _____

AB&T Authorized Signature _____ ☐ Approved ☐ Disapproved

**DBPR ABT-6003 – Division Of Alcoholic Beverages and Tobacco Application for One/Two/Three
Day Permits or Special Sales License**

**STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION
1940 North Monroe Street
Tallahassee, FL 32399-0783**

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation or your local district office. Please submit your completed application to your local district office. This application may be submitted by mail, through appointment, or it can be dropped off. A District Office Address and Contact Information Sheet can be found on AB&T's page of the DBPR web site at the link provided below.

http://www.myflorida.com/dbpr/abt/district_offices/licensing.html

SECTION 1 -- CHECK TRANSACTION REQUESTED

Transaction Type:

☐ One/Two/Three Day Permit

☐ Special Sales License

SECTION 2 – LICENSE INFORMATION

Full Name of Entity or Organization

(If this is a corporation or other legal entity, enter the name as registered with the Secretary of State)

Corporation Charter Number (if applicable)

FEI Number (if applicable)

Business Name or Name of Event

Location of Event (Street and Number)

City

County

State FL

Zip Code

Mailing Address (Street or P.O. Box)

City

State

Zip Code

Contact Person

Phone Number

Date(s) Permit Desired

SECTION 3 – SALES TAX
TO BE COMPLETED BY THE DEPARTMENT OF REVENUE

Name of Entity or Organization _____

The named applicant for a license/permit has complied with the Florida Statutes concerning registration for Sales and Use Tax and has agreed to pay any applicable taxes due.

Signed _____ Date _____

Title _____

Department of Revenue Stamp:

SECTION 4 - ZONING
TO BE COMPLETED BY THE ZONING AUTHORITY GOVERNING YOUR BUSINESS LOCATION

Organization Name/Name of Event _____

Location of Event (Street and Number) _____

City _____

County _____

The location complies with zoning requirements for the temporary sale of alcoholic beverages pursuant to this application for a One/Two/Three Day permit, or Special Sales License.

Signed _____ Date _____

Title _____

**SECTION 5 - AFFIDAVIT OF APPLICANT
FOR NON-PROFIT CIVIC ORGANIZATION ALCOHOLIC BEVERAGE PERMIT**

NOTARIZATION REQUIRED

Name of Entity or Organization _____

"This is to certify that the applicant requesting the permit in the above and foregoing application is a non-profit civic organization and that the permit, if used, will be used only by the organization making application, on the date(s) requested and at the location stated. This is to further certify that the applicant organization has not received more than three (3) permits within the calendar year and agree that the location may be inspected and searched during the time that the permit is issued and business is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the alcoholic beverage laws.

I, the undersigned individual, hereby swear or affirm that I am duly authorized to make the above and foregoing statements on behalf of the applicant organization. Furthermore, I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45, and 837.06, Florida Statutes, that the foregoing information is true to the best of my knowledge."

STATE OF _____

COUNTY OF _____

APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day
of _____, 20_____, By: _____

who is () personally known to me OR () who produced _____ as identification.

Notary Public

Commission Expires: _____

**SECTION 6 - AFFIDAVIT OF APPLICANT
FOR SPECIAL SALES LICENSE**

NOTARIZATION REQUIRED

Name of Entity or Organization _____

"I, the undersigned individual, or if a corporation for itself, its officers and directors, hereby swear or affirm that I am duly authorized to make the above and foregoing application for a special sales license which authorizes the sale of alcoholic beverages for period of up to three (3) days. I understand this license does not permit the sale of alcoholic beverages for consumption on the premises and only allows package sales in sealed containers and agree that the location may be inspected and searched during the hours that the special sale is being conducted without a search warrant by authorized agents or employees of the Division of Alcoholic Beverages and Tobacco, the Sheriff, his Deputies, and Police Officers for purposes of determining compliance with the beverages laws.

I swear under oath or affirmation under penalty of perjury as provided for in Sections 559.791, 562.45, and 837.06, that the foregoing information is true to the best of my knowledge and that no other person or entity except as indicated herein has an interest in the special sales license and that all of the above listed persons or entities meet the qualifications necessary to hold this special sales license."

STATE OF _____

COUNTY OF _____

APPLICANT SIGNATURE

The foregoing was () Sworn to and Subscribed OR () Acknowledged Before me this _____ Day
of _____, 20____, By: _____

who is () personally known to me OR () who produced _____ as identification.

Notary Public

Commission Expires: _____

This form is to be completed ONLY when the event of the non profit organization is being held at a location that is licensed for the sale of alcoholic beverages by the Division.

Note: This form must be signed by the permanent license holder and submitted by the non-profit group along with the application for One/Two/Three Day Permit.

Licensee:

Business Name:

License #

Series:

Name of Non-Profit Group:

Date(s) of Event:

I M P O R T A N T

A One/Two/Three Day permit is being requested for an event to be held on your licensed premises. During the event, no sales or service of alcoholic beverages may be made under your alcoholic beverage license. Failure to comply will result in administrative charges being filed against your license.

Signature of Licensee